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| MORTUARY ACTIVITY & STATUS REPORT (OVERSEAS) For use of this form, see AR 638-2; the proponent agency is ODCSPER | | | | | | | | | | | | | <i>REQUIREMENT CONTROL SYMBOL</i> CSGPA-1745 | | | | |
| TO: | | | | FROM: <i>(Reporting Command)</i> | | | | | | | | | QUARTER COVERED | | | | |
| | | | | | | | | | | | | | FROM: | | | | |
| | | | | | | | | | | | | | TO: | | | | |
| SECTION I MORTUARY ACTIVITIES | | | | ARMY | | | NAVY | | | AF | | | USMC | | | ALL OTHERS | TOTAL |
| | | | | MIL | DEPN | CIV | MIL | DEPN | CIV | MIL | DEPN | CIV | MIL | DEPN | CIV | | |
| 1. REMAINS PROCESSED--LOCAL DEATHS | | | | | | | | | | | | | | | | | |
| a. Local Disposition | | | | | | | | | | | | | | | | | |
| b. Prepared for Shipment | | | | | | | | | | | | | | | | | |
| 2.FROM OTHER COMMANDS <i>(Identify in Remarks)</i> | | | | | | | | | | | | | | | | | |
| a. Local Disposition | | | | | | | | | | | | | | | | | |
| b. Preparation & Shipment | | | | | | | | | | | | | | | | | |
| 3. TOTAL PROCESSED | | | | | | | | | | | | | | | | | |
| 4. NUMBER OF ABOVE PROCESSED FOR IDENTIFICATION | | | | | | | | | | | | | | | | | |
| *Explain in Remarks | | | | | | | | | | | | | | | | | |
| SECTION II--OPERATING STOCK STATUS <i>(Excl Depot Stocks)</i> | | | | | | | | | | ON HAND | | ON LOAN | | IN TRANSIT | | TOTAL | |
| 1. Number of Transfer Cases | | | | | | | | | | | | | | | | | |
| 2. Number of Caskets | | | | | | | | | | | | | | | | | |
| 3. Number of Pouches, Human Remains | | | | | | | | | | | | | | | | | |
| 4. Mortuary Supplies on Hand Sufficient for _____ Remains. | | | | | | | | | | 5. Refrigeration Capability _____ Remains. | | | | | | | |
| SECTION III--PERSONNEL ASSIGNED | | | | | | | | | | | | | | | | | |
| 1. MILITARY | | 2. DAC | | 3. LN | | 4. OTHER | | 5. TOTAL | | | | 6. LICENSED EMBALMERS | | | | | |
| | | | | | | | | | | | | a. DAC | | b. MILITARY | | | |
| 7. Number of Memorial Activities Specialists assigned. Explain if included in 6b, (i.e., MOS 57F20, 57F40, 57F50) | | | | | | | | | | | | | | | | | |
| REMARKS <i>(Use separate sheet if necessary)</i> | | | | | | | | | | | | | | | | | |

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| TYPE NAME OF MORTUARY OFFICER | SIGNATURE | DATE |
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